

**CONTINUING MEDICAL EDUCATION / AMSUS / CONFERENCE  
APPLICATION**

1. DATE SUBMITTED BY MEMBER: \_\_\_\_\_
2. RANK/NAME: \_\_\_\_\_
3. RESERVE CENTER/UNIT: \_\_\_\_\_
4. BILLET: \_\_\_\_\_
5. NAME OF COURSE/CONFERENCE: \_\_\_\_\_
  - a. IS SUPPORTING DOCUMENTATION ATTACHED: \_\_\_\_\_
6. DATE OF COURSE/CONFERENCE: \_\_\_\_\_
7. NUMBER OF DAYS: \_\_\_\_\_
8. HOW DOES COURSE/CONFERENCE ENHANCE BILLET ASSIGNMENT:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. REGISTRATION FEES (MAX \$500.00): \_\_\_\_\_
10. RESERVE CENTER TRAINING OFFICER: \_\_\_\_\_  
(SIGNATURE AND DATE)
11. REDCOM NORTHEAST TRAINING COORDINATOR: \_\_\_\_\_
12. REDCOM NORTHEAST TRAINING OFFICER: \_\_\_\_\_
13. REDCOM NORTHEAST LOGISTICS OFFICER: \_\_\_\_\_
14. DOCUMENT NUMBER: \_\_\_\_\_

**REDCOM NORTHEAST IS NOT APPROVING AT/ADT/IDDT ORDERS BASED ON THIS FORM.  
WE ARE ONLY APPROVING COURSE/CONFERENCE FEES.**

Reserve Center must fill in all required information (blocks 1 – 9) **AND FORWARD** to REDCOM NORTHEAST along **WITH A COURSE DESCRIPTION**. This must be completed prior to member attending course/conference. REDCOM will fax the completed form to the Reserve Center for processing of orders.

Note: After completion of orders, a claim for reimbursement for expenditures on official business (SF 1164), must be submitted to REDCOM NORTHEAST with receipts for fees, a copy of the orders and a Travel History Form. **MEMBER MUST SUBMIT CLAIM FOR PER DIEM EXPENSES SEPARATELY.**